

INDEPENDENT LIVING 90-DAY FOLLOW-UP ANNUAL SUMMARY DATA

Use of form: This form is to be used to summarize and report the individual data collected on form CFS-976 for youth aged 15-21 years. Ninety-day follow-up data is to be collected on youth who have left the Independent Living Program and have not received services for 90 days; aged out of care and have not received services for 90 days; or 90 days have passed since the youth turned 21 years of age. The information contained in this report should be based on the most recent information available on the youth during the report period. Completion of this form is required by the State / County or Tribal contract. Section 447 of Title IV-E of the Social Security Act requires states to report to the Federal Administration of Children and Families (ACF) on the independent living services and activities provided to youth. Failure to provide this information may result in the withholding of financial payments.

Name - County / Tribe / State Agency		Name - Person Completing Form (Last, First, MI)					
Telephone Number (Daytime) - Person Completing Form		Participants Discharged from Independent Living - Total Number					
Female Participants - Total Number	Female Participants in Each Age Group - Total Number						
	Age 20	Age 19	Age 18	Age 17	Age 16	Age 15	
<hr/>							
Male Participants - Total Number	Male Participants in Each Age Group - Total Number						
	Age 20	Age 19	Age 18	Age 17	Age 16	Age 15	
<hr/>							
Marital Status - Participants							
	<u>Total Number Females</u>	<u>Total Number Males</u>					
Married	<hr/>	<hr/>					
Divorced	<hr/>	<hr/>					
Separated	<hr/>	<hr/>					
Widowed	<hr/>	<hr/>					
Never Married	<hr/>	<hr/>					
Ethnicity - Participants							
Latino / Hispanic Female Participants - Total Number		Latino / Hispanic Male Participants - Total Number					
<hr/>		<hr/>					
Race - Participants							
	<u>Total Number Females</u>	<u>Total Number Males</u>					
White	<hr/>	<hr/>					
Black or African-American	<hr/>	<hr/>					
American Indian or Alaska Native	<hr/>	<hr/>					
Asian	<hr/>	<hr/>					
Native Hawaiian or Other Pacific Islander	<hr/>	<hr/>					
Other.....	<hr/>	<hr/>					
Education - Total number of participants for each category:							
Participated in secondary education		<hr/>					
Achieved high school, GED or HSED completion		<hr/>					
Participated in post secondary education (vocational training or college)		<hr/>					
Achieved post secondary certificate / degree		<hr/>					
Obtained driver's license		<hr/>					
Parental Status - Total number of participants for each category:							
Completed sex education training		<hr/>					
Number of participants that are parents		<hr/>					
Number of parents that completed sex education training		<hr/>					
Number of participants by disability:							
None	<hr/>	Learning	<hr/>				
MH	<hr/>	Other - Specify:	<hr/>				
DD	<hr/>		<hr/>				

Employment Status - Total number of participants for each category:

Currently employed _____
 Employed part or full time for less than three consecutive months _____
 Employed part of full time for more than three consecutive three months _____
 Receiving unemployment compensation _____
 Participated in paid or unpaid training for at least three consecutive months _____
 Received vocation certificate or license..... _____
 Participants' average hourly wage \$ _____

Total number of discharged participants by length of time in Independent Living program:

Less than 6 months _____ 6 months - 1 year _____ 1 - 2 years _____
 2 - 3 years _____ 3 - 4 years _____ 4 - 5 years _____

Total number of discharged participants by length of time in out-of-home care:

Less than 6 months _____ 6 months to 12 months _____
 Between 1 and 2 years _____ Between 2 and 3 years _____
 Between 3 and 4 years _____ Between 4 and 5 years _____
 Between 5 and 7 years _____ Between 7 and 10 years _____
 Between 10 and 12 years _____ Between 12 and 15 years _____
 More than 15 years _____

SERVICES RECEIVED Total number discharged participants by service type for the report period (calendar year) that:

Received a stipend or scholarship to cover any living, educational or vocational expenses _____

There is at least one adult in the community, other than your caseworker, that you can go to for:

Emotional support _____

Job or school advice _____

Were referred to substance abuse treatment / counseling _____

Attended substance abuse treatment / counseling _____

Gave birth to or fathered a child _____

Were incarcerated or detained in a jail, prison or juvenile detention facility..... _____

Have health insurance that covers physical and / or mental health care _____

Physical only _____

Mental health only _____

Both _____

Neither _____

Received all of the following documents: Birth certificate, social security card, medical records and educational records _____

Did not receive the above mentioned documents, but did receive information on how to obtain the documents..... _____

Currently has a savings, checking or money market account or CD at a bank or credit union..... _____

Have financial resources or support from any other source, excluding paid employment..... _____

Youth's living arrangement(s) following discharge from Independent Living Program services:

Homeless _____

Adult correctional facility..... _____

Juvenile correctional facility..... _____

Living independent of agency maintenance ... _____

Subsidized housing..... _____

Parental home _____

Relative home..... _____

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services
CFS-976A (Rev. 12/2002)

STATE OF WISCONSIN

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Non-relative home..... _____
Foster home..... _____
Adoptive home..... _____
Group home..... _____
Drug rehabilitation program _____
Mental health institution _____
Homeless or housing crises _____
Child care institution _____
Supervised apartment / transitional housing _____
Temporary arrangement..... _____
Living independently _____

Number of youths paying rent _____
Number of youths receiving rent subsidy _____
Number of youths expecting current housing to remain stable for at least one year _____

Return completed form to: ATTN: Independent Living Coordinator
 Department of Health and Family Services
 Division of Children and Family Services
 Bureau of Programs and Policies
 P.O. Box 8916
 Madison, Wisconsin 53708-8916

Fax Number: (608) 264-6750
E-Mail: brownpl@dhfs.state.wi.us